



Employment Application

City of Malibu
23815 Stuart Ranch Road
Malibu, California 90265
310-456-2489 ☎ 310-456-3356 (fax)
(rev: 8-02)

THE CITY OF MALIBU IS AN EQUAL OPPORTUNITY EMPLOYER. Type or print using black or dark blue ink. This application must be completed in full. A separate application must be completed for each position. All statements are subject to verification. If you move, you must notify the Personnel Department in writing of your new address and phone number.

Exact title of the position for which you are applying: _____

/ / Social security number		_____ Last name, first name, middle initial		() Home telephone number	
_____ Street number and street name (or P.O. Box)		_____ Business phone number		()	
_____ City, state, zip code		_____ Message phone		()	
Do you possess a valid drivers license? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please complete the following: Issuing state: _____ License number: _____ Expiration date: ____/____/____ License class: _____					
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Written proof of citizenship or right to work will be required at time of hire.)		Bilingual language skills: Language: _____ Language: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Write <input type="checkbox"/> Translate <input type="checkbox"/> Translate		Office skills: Typing: _____ words per minute Computer/computer programs: _____ _____ Other: _____	
Have you ever been convicted of a felony or misdemeanor, or been on parole or probation? If yes, you must list all convictions since your 18th birthday on an attached sheet. Include offense, date, and place of conviction. (A "yes" answer will not automatically disqualify you from appointment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			Check the type(s) of work schedule(s) you will accept. You will be considered only for the schedule(s) selected. Do not check those you are unwilling to accept. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call		
EDUCATION: Check appropriate box if you possess one of the following: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Certificate <input type="checkbox"/> California High School Proficiency Certificate					
Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post graduate work _____ years					
Colleges, Universities, Vocational, Technical Schools Attended	City/State	Major or Course of Study	Total Units Completed Sem. Qtr.	Degree or Certificate	Dates Attended From / To
Title and number of any license, certificate or credential relevant to this position. Attach a copy of any required certification. Title: _____ Number: _____ Issued by: _____ Expiration date: _____ _____ _____ _____					

EMPLOYMENT HISTORY: Name _____ Social Security _____ / _____ / _____

PLEASE LIST YOUR MOST RECENT EMPLOYMENT FIRST. Resumes will not be accepted in place of a completed application form. Respond completely to all information requested in this section. List all experience, including volunteer and military. Additional sheets may be attached to this application, if necessary, to fully describe related experience, training, and education. It is your responsibility to make a copy of your completed application form and attachments.

Business or agency name and address

Phone: _____

Supervisor's name: _____

May we contact this employer? ☐ Yes ☐ No

Dates employed:

From: _____

To: _____

Total: _____ / _____

Years / Months

Hours: _____

Per week

Final salary: \$ _____

☐ Hourly ☐ Monthly

Job title: _____

of people supervised _____

Duties: _____

Reason for leaving: _____

Business or agency name and address

Phone: _____

Supervisor's name: _____

May we contact this employer? ☐ Yes ☐ No

Dates employed:

From: _____

To: _____

Total: _____ / _____

Years / Months

Hours: _____

Per week

Final salary: \$ _____

☐ Hourly ☐ Monthly

Job title: _____

of people supervised _____

Duties: _____

Reason for leaving: _____

Business or agency name and address

Phone: _____

Supervisor's name: _____

May we contact this employer? ☐ Yes ☐ No

Dates employed:

From: _____

To: _____

Total: _____ / _____

Years / Months

Hours: _____

Per week

Final salary: \$ _____

☐ Hourly ☐ Monthly

Job title: _____

of people supervised _____

Duties: _____

Reason for leaving: _____

Business or agency name and address

Phone: _____

Supervisor's name: _____

May we contact this employer? ☐ Yes ☐ No

Dates employed:

From: _____

To: _____

Total: _____ / _____

Years / Months

Hours: _____

Per week

Final salary: \$ _____

☐ Hourly ☐ Monthly

Job title: _____

of people supervised _____

Duties: _____

Reason for leaving: _____

Additional information: *You may include any comments that show further qualification for this position*

Agreement: I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment. I agree to undergo a physical examination if a job offer is made and understand that employment is contingent upon meeting the city's physical requirements. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons, and the city from any liability for damages for receiving or releasing information. I further agree to be fingerprinted and to furnish proof of citizenship or right to work.

Signature: _____

Date: _____

(Rev8-02)